

# DEP Drinking Water Program

## Recreational Camps Licensed by Local Boards of Health in 2005\*

<b>A</b>	City/Town	Date
	Board of Health Contact Person	Phone
	Address	E-mail

***Please print in black ink***

***Determine if the camps in your town fit B or C and complete the requested information in each table.***

<b>B</b>	All camps in our city/town <u>are served</u> by a single public water system (PWS) who is registered with DEP.	
	PWS Name	PWS ID
	PWS Name	PWS ID
	PWS Name	PWS ID

**The camps listed below are not served by a single public water system registered with the DEP**

<b>C</b>	Camps with their own source of water supply	
	Camp #	Camp Name
	Phone Number at Camp	
	Camp Location/Address	
	Contact Person at Camp	
	Camp Owners Name:	
	Camp Owners Address	
	Source of water: Public Water System or Private Well	
	Maximum number of Campers:	
	Number of Staff:	
<b>C</b>	Number of days camp is open:	
	Dates: From to	
	Number of days of pre-open training or startup time:	
	Number of days of post camp closing close-down time:	
	Comments:	
	Camp #	
	Camp Name	
	Phone Number at Camp:	
	Camp Location/Address	
	Contact Person at Camp:	
<b>C</b>	Camp Owners Name:	
	Camp Owners Address:	
	Source of water: Public Water System or Private Well	
	Maximum number of Campers:	
	Number of Staff:	
	Number of days camp is open:	
	Dates: From to	
	Number of days of pre-open training or startup time:	
	Number of days of post camp closing close-down time:	
	Comments:	
<b>C</b>	Camp #	
	Camp Name	
	Phone Number at Camp:	
	Camp Location/Address	
	Contact Person at Camp:	
	Camp Owners Name:	
	Camp Owners Address:	
	Source of water: Public Water System or Private Well	
	Maximum number of Campers:	
	Number of Staff:	
Number of days camp is open:		
Dates: From to		
Number of days of pre-open training or startup time:		
Number of days of post camp closing close-down time:		
Comments:		

\* "Upon the issuance of a license, the local board of health shall notify the Massachusetts Department of Environmental Protection and the Massachusetts Department of Public Health. Said notification shall include the name and address of the camp, the name of the owner, the number of campers and staff, and the number of days per year that the camp will be in operation". 105 CMR 430.000

**Return this form by July 1st 2005** to: Department of Environmental Protection; Drinking Water Program – 6<sup>th</sup> floor; 1 Winter Street; Boston, MA 02108; Attention: WQA/Campgrounds

You may also email your response to [Program.Director-DWP@state.ma.us](mailto:Program.Director-DWP@state.ma.us), Subject: WQA/Campgrounds

**Make copies of this form if you need more room to list all your camps**